

MENTAL HEALTH UPDATE

June 3, 2009

Pieces Of History In Vermont Mental Health

The “Pieces of History” series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1950 The Vermont Psychological Association (VPA) began at a time when Vermont’s small psychology community was associated with institutions and academia. The application of psychology was recognized at the Vermont State Hospital, which opened a Department of Psychology in 1948 and hired Donald Eldred, Ph.D., as the first psychologist. By 1970, the Department of Psychology at the University of Vermont was undergoing a major expansion of its faculty to build a clinical psychology training program that increased the ranks of practicing psychologists in the state. Yet Vermont remained the only state in the country without a licensing law for psychologists. Dr. Steven Goldstein, associate professor and head of the Department of Medical Psychology at Medical Center Hospital of Vermont (currently Fletcher Allen), provided impetus for the licensing effort. VPA members worked hard to persuade lawmakers in Montpelier of the need for licensing and argued for the requirement of a doctoral degree. The result was a licensing law that grants independent-practice privileges to both doctoral and masters psychologists. The VPA took up emerging challenges such as parity, appropriate regulation of managed behavioral care and insurance reimbursement. A hallmark of the VPA and related groups is the collaboration that exists among the psychologists, psychiatrists, mental health counselors, social workers, drug and alcohol counselors, and art therapists. Not common nationally, but very much the Vermont way, the heads of these groups meet regularly to discuss issues of concern across their professions and work collaboratively on policies and politics concerning mental health.

ADULT MENTAL HEALTH

National Meeting Focuses on Recovery through Supported Employment

Representatives from the Vermont Department of Mental Health and the Department of Aging and Independent Living, Division of Vocational Rehabilitation recently attended a national meeting, “Individual Placement and Support (IPS) Supported Employment:

Lasting Change Starts Here” in Chicago, Illinois on May 5-6, 2009. Ten states and the District of Columbia were invited to participate in the meeting sponsored by the *Johnson & Johnson-Dartmouth Community Mental Health Program* (CT, D.C., IL, KS, MD, MN, MI, OH, OR, SC, VT). Guest speakers presented new research and policy in the field of supported employment. State participants shared successes and current challenges on topics such as expanding peer involvement in employment supports, increasing the involvement of family members in employment planning and advocacy efforts, implementing approaches for sustainability of IPS, and strengthening the relationship between Mental Health and Vocational Rehabilitation especially in regards to the Ticket to Work program. Multi-state meetings of this kind are crucial for disseminating the latest developments in research and practice to promote competitive employment for consumers in their communities.

Johnson & Johnson’s Director of Medical Affairs and Corporate Contributions, Dr. Rick Martinez, spoke about the company’s ongoing interest in supporting evidence-based supported employment. He acknowledged the tremendous success the 11 states have achieved to date. He reported that IPS is gaining international attention, yet there is still a significant need to communicate the message that work is part of recovery, to increase the number of individuals who have access to IPS services, and to change policies to ensure this happens in our own states.

Dr. Gerry O’Connor from Dartmouth Medical School’s Institute for Health Policy and Clinical Practice gave a noteworthy presentation on how the Cystic Fibrosis Foundation helped accelerate the improvement of care among health centers with varying levels of outcomes. The key strategies he discussed included “building a shared vision of exemplary care, developing leadership, identifying and enabling best practices, and providing decision support for front line clinical care teams.” These strategies were employed through the development of a national learning collaborative and use of data transparency. Tremendous success in saving lives occurred among the majority of the health care centers who participated in this learning collaborative. Department of Mental Health and Vocational Rehabilitation are discussing how supported employment in Vermont can benefit from a similar approach to process and outcome improvement.

Programs in Vermont that are participants in the *Johnson & Johnson-Dartmouth Community Mental Health Program* include Washington County Mental Health, Rutland Mental Health Services, Clara Martin Center, and Northwest Counseling and Support Services. Each site collaborates closely with local Vocational Rehabilitation offices. The goal of the program is to help people with psychiatric disabilities obtain competitive employment in the community using an evidence-based supported employment approach. For additional information about this national program please visit:

<http://dms.dartmouth.edu/prc/employment/jjdcmhpr/>

For information about evidence-based supported employment in Vermont, please contact Laura Flint at 802-652-2000 or email lflint@vdh.state.vt.us

Designated Agencies To Receive New Information As Voter Registration Sites

The Vermont Secretary of State's Office will soon be distributing Voter Registration Kits to Designated Agencies to assist them in their voter registration activities. Designated

Agencies are also Designated Voter Registration Sites in Vermont. Based upon declining statistics of voter registration applications coming from public assistance and public service agencies in statistics reported to the federal government by all fifty states, **all states have been asked to renew their efforts to encourage all designated voter registration agencies to offer the opportunity to register to vote to clients.** The federal Help America Vote Act of 2002 provided funding to all the states to fund efforts to support the fostering of voter registration opportunities—enabling Vermont to develop voter registration kits, informational guides, and other supplies.

The **Voter Registration Kit** includes:

- 2 copies of the “2009 Implementation Guide for Agency Staff” that outlines AHS staff responsibilities under the NRVA of 1993, provides instructions, answers to frequently asked questions;
- 200 voter registration applications;
- Postage paid envelopes with a short declination tracking form printed on the envelope to make it easier to forward voter registration applications with declination reporting;
- Provides an ink stamp to identify the source category of each completed application;
- A poster to display to encourage clients to “Register to Vote Here”; and
- Provides the boxed kit to make it easier to find and re-order supplies as needed

The “**2009 Implementation Guide for Agency Staff**” will assist agency staff offering voter registration services or assistance to clients. The Guide includes refresher information on the requirements of the National Voter Registration Act of 1993 along with new instructions on how to transmit voter registration forms and how to track declinations by clients.

CHILDREN’S MENTAL HEALTH

Vermont Youth Suicide Prevention Coalition

The Vermont Youth Suicide Prevention Coalition (VYSPC) continues its work on the 1.5 million dollar Youth Suicide Prevention Grant, which was awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Center for Health and Learning, as part of the Garrett Lee Smith Memorial Act funding. One of the objectives of the grant was the formation of a coalition with enough diversity to create broad-based support for youth suicide prevention planning in Vermont. Representatives from public health, suicide prevention advocacy groups, youth leadership, law enforcement, Vermont 2-1-1, and private mental health services throughout the state will be collaborating over the next three years. They will work to create a culture in which youth and adults are equipped with the knowledge, attitudes, skills and resources to prevent and respond to suicidal behavior by youth.

“Depression and substance abuse are two of the most common factors leading to youth suicide attempts, and both of these are treatable,” said Charlie Biss, Director of the Child,

Adolescent and Family Unit at the Department of Mental Health. “We can do a better job as community members to learn how to effectively and respectfully respond to a young person who is showing signs of depression or suicidal behavior.”

At its first meeting in January, VYSPC identified outcomes and objectives. They include:

- a statewide network of support for youth at risk that builds on existing community resources;
- a higher public awareness of the importance of addressing mental health issues;
- the creation of a common language around suicide prevention; and
- a universal definition of good health as a combination of social and emotional as well as physical fitness.

Brian Remer of the Center for Health and Learning in Brattleboro serves as project manager and trainer for the SAMHSA grant. Looking ahead to future meetings, Brian said, “In our next steps for youth suicide prevention across the state, we will be focused on communication. Communication about the signs and symptoms of mental health problems that lead to suicide, about where to go for help, and about how various groups and individuals can get involved. We agree that's what it will take to build communities of hope for people who might otherwise see no way out of a desperate situation.”

Sequential Intercept Training

The Young Adults Transition Grant is sponsoring a training on July 9 about the Sequential Intercept Model. The event will be held at the Elks Club in Montpelier from 9:00 a.m. to 3:15 p.m. The registration flyer is being sent out by email in early June. If you do not receive it and want to, e-mail Vanessa Lang at vland@vffcmh.org or phone her at 802-595-5159. The title of the workshop is “Criminal Justice Capable.” The focus will be on using the sequential intercept model to improve practices and systems of care for individuals with mental health, substance abuse and other co-occurring disorders.

Vermont’s Chief Justice Paul Rieber and AHS Secretary Robert Hofmann will open the day, giving an overview of the collaboration between mental health and the Chief Justice. Then Robert Kinscherff, Ph.D., J.D, a Senior Associate with the National Center for Mental Health and Juvenile Justice, will present information about critical intervention points for improving the response to Justice-involved youth with mental health needs. Dan Abreu, MS, CRC, LMHC, the Associate Director of the National GAINS Center, will give an overview of the Sequential Intercept Model. After lunch (provided), there will be a facilitated opportunity for applying the models to Vermont’s regional planning for Young Adults in Transition (and perhaps for other statewide projects if enough people attend). Continuing Education Credits have been approved for lawyers, psychologists, licensed clinical mental health workers, certified alcohol and drug abuse clinicians, and a request is pending for social workers. Registration is required for purposes of arranging space and food but there is no charge.

FUTURES PROJECT

Third VSH Inpatient Focus Group met May 27

Approximately 30 patients and staff met at VSH to provide input on recovery oriented programming and architectural design for the 15 Bed Secure Recovery Residence (SRR). According to staff, there continues to be relatively high level of interest among patients in coming to the focus group meetings, even among individuals who had attended the earlier meetings in April. Approximately 2/3rds of the 20 or so patients who took part on May 27 were new participants in the process. As in earlier groups, participants were told that the SRR was slated to open, at the earliest, in 2012, and that many individuals who provided ideas now might not actually go there. It was explained that, nonetheless, DMH wanted to involve as many people as possible in discussing their experience of living and working at VSH --- what worked, what could be different, suggestions for programming and space design --- to make the SRR a recovery oriented environment.

In the lively discussion that followed, the group articulated the following themes: (1) their desire that the space would be green and provide safe, quiet spaces for both patients and staff to have time out when needed; (2) the desire for the SRR program to connect to the community, and to link to Second Spring and the proposed Meadow View facility so that individuals who progressed at the SRR could move on to these community programs; (3) to the extent possible in a locked facility, patients wanted the amenities of life --- access to books, computers, animals, private rooms & baths, the ability to cook their own meals--- and clinical programming that included vocational preparation that could lead to employment; and (4) as with earlier groups, the current VSH patients wanted clinical services that matched the individual with the right clinician and the right treatment as soon as possible.

Transformation Council

Michael Hartman asked members of the Transformation Council to suggest people who may be interested in joining the Council. In the meeting, Council members were apprised of the interest expressed by the Brattleboro Retreat and Springfield Hospital in pursuing opportunity to provide for VSH-level acute psychiatric inpatient capacity. Council members support DMH taking a second look at hospitals around the state. Concerning the Meadowview project, for which a Certificate of Approval has been issued, the Council asked how the program can be held accountable for developing truly recovering based programming. The Council meets next on the last Monday of this month, June 29th in Stanley Hall 100. There will be a full report on the Peer-Run Alternative Crisis House on June 29th.

Architectural and Program Development for SRR

To prepare a CON application for the 15-bed Secure Recovery Residence (SRR), pending approval from the Mental Health Oversight Committee to proceed, a series of meetings will begin Friday, June 5, at the Corrections Chapel Conference Room, Waterbury. The all-day kick-off meeting is from 10:00 to 4:00 and lunch will be provided. On June 5th, the architectural consulting team Architecture + will help develop an architectural vision, re-think the preliminary program of space and layout, and come up with a preliminary building model. DMH encourages family and consumer participation as well as all

Futures Project stakeholders at this meeting and the series of meetings through November. Participants who are not otherwise reimbursed for attending will receive travel reimbursement and a stipend. The invitation listing the dates, times, location and subject matter of all the meetings is posted on the DMH website at <http://healthvermont.gov/mh/documents/SRRdevlpplans5-22-09.pdf>. There will be meetings focused on the Recovery Program, Architectural Design and Schematic Design for the SRR. DMH will provide ongoing updates.

Care Management Report Posted

DMH has received the final working draft report from the care management consultants, a 183-page document. Council members were asked to view the report on the DMH website and pick out what we want to pay attention to. Several topics emerging from the report may be addressed initially, including developing a representative steering committee, designing a system for bed availability, statewide use of the LOCUS tool, and developing consensus on medical clearance based on the work of emergency department physicians. The link to the report is at <http://healthvermont.gov/mh/documents/FinalReport.pdf>

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Clinical Practices

The VISI Clinical Practices Committee met on Thursday May 28th. The major task of this multi-stakeholder group is to develop joint Co-Occurring Mental Health and Addiction Treatment policies for DMH and ADAP. Since 2007 this group has developed policies and user's guides in the areas of welcoming and screening, as well as a general Co-occurring Conditions Policy for all of AHS. Currently, a draft policy for assessment is under final review. The first draft of the Assessment User's Guide was discussed at the meeting. Consensus was reached that the user's guide needs to incorporate more of a recovery perspective. Trish Singer will incorporate feedback into the next draft. If interested in participating in this project, please contact Trish at psinger@dmh.vt.state.us.

VERMONT STATE HOSPITAL

Center for Medicare and Medicaid Services (CMS)

Late last week, DMH was notified that the Plan of Correction submitted to CMS was approved. The Plan addressed all the findings in the recent survey with detail on how Vermont State Hospital will make the necessary changes. This outcome is the result of excellent work on behalf of VSH leadership and staff as well as the DMH legal team. This approval allows for us to stay in the application approval process, and helps us move closer toward certification.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 51 as of midnight Tuesday. The average census for the past 45 days was 48.6